U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 14073	2. Fiscal Year Covered From:
	1;//1/2004; Through:  12 //31///2004.
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name THOMAS DANESE	Name [IUOE LOCAL 542
	Labor Organization File Number 038 130
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any SUITE 100
Street 219 FAIRHILL ROAD	Street 1375 VIRGINIA DRIVE
City MORTON	City FT WASHINGTON
State Pennsylvania ZIP Code + 4 19070	State Pennsylvania ZIP Code + 4   19034
5. Position in labor organization. RECORDING SECRETARY	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclusion).  A. Held an interest in, engaged in transactions (including loans) with, or	isions set forth in the instructions):
monetary value from an employer whose employees your organizati	derived income or other economic benefit of  on represents or is actively seeking to represent.
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.
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monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of	ature  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filing THOMAS DANESE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	ss
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name IUOE Welfare FUND OF BASTERN PA AND DELAWARE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any   SUITIE 102  Street 1375 VIRGINIA DRIVE  City   FT WASHINGTON  State   Pennsylvania   ZIP Code + 4   19034	a. Labor Organiza b. Trust c. Employer	ation
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such deal	ing. OCAL 542 WELFARE FUND
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar val	ue of such dealing.
City	12.a. Nature of interest hel	ld or income received.
State : ZIP Code + 4	REIMBURSEMENT OF E EDUCATIONAL CONFER	EXPENSES FOR ATTENDENCE AT RENCES/SEMINARS 11/04
	12.b. Amount.	\$2,43
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	\$2,43
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	1	
Trade Name, if any:	:	
P.O. Box, Bldg., Room No., if any	:	
Street		
City	į	
State ZIP Code + 4	!	<u> </u>
	14.b. Amount of payment.	

13.b. Is the Business an Employer

or Consultant .

Name of	Person	Filina	THOMAS	DANGER

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (inc	luding trade name, if any).	9. Business deals with:	
Name Wachovia Bank	. 1	I shar Committee	
Trade Name, if any:	n n	a. Labor Organization	
		b. Trust	
P.O. Box, Bldg., Room No., if any 7th	a Floor		
Street 123 South Broad Street	et	· , c. Employer	
City Philadelphia			
State Pennsylvania	ZIP Code + 4 19109		
10. If 9,b. or 9.c. is checked give trust or e	employer's name.	11.a. Nature of such dealing.	
Name		WACHOVIA BANK PROVIDES CUSTODIAL BAN TO THE 1UOE 542 WELFARE FUND	KING SERVICES
Trade Name, if any:	. !		
	1		
P.O. Box, Bldg., Room No., if any			
Street		1	
City			
			· · · · · · · · · · · · · · · · · · ·
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	<u> </u>
		12.a. Nature of interest held or income received.	
		FOUR TICKETS- ICE SHOW	i
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		12.b. Amount.	\$202

Name of Person	Filina	тиома q	DANESE

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  BUSTNESS LUNCH 12/15/04		
Trade Name, if any:  P.O. Box, Bidg., Room No., if any   SUITE 215  Street   700 EAST GATE DRIVE  City   MOUNT LAUREL  State   Name	8. Name and address of Business (including trade name, if any).	9. Business deals with:
Trade Name, if any:  P.O. Box, Bldg., Room No., If any   SUITE 215  Street   700 EAST GATE DRIVE  City   MOUNT LAUREL  State   Name   In any   In a	Name THE UNION LABOR LIFE INSURANCE COMPANY	a Labor Organization
Street 700 EAST GATE DRIVE  City MOUNT LAUREL  State New Jersey  ZIP Code + 4 108054  11.a. Nature of such dealing.  ULICO PROVIDES INSURANCE SERVICES TO IUOE LOCAL WELFARE FUND  Street  City State:  ZIP Code + 4 108054  11.b. Approximate dollar value of such dealing.  11.b. Approximate dollar value of such dealing.  11.b. Approximate dollar value of such dealing.  11.c. Nature of interest held or income received.  BUSINESS LUNCH 12/15/04	Trade Name, if any:	; a. Labor Organization
City MOUNT LAUREL State New Jersey  2IP Code + 4   08054  10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street  City State:  2IP Code + 4  11.a. Nature of such dealing. ULICO PROVIDES INSURANCE SERVICES TO IUOE LOCAL WELFARE FUND  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received. BUSINESS LUNCH 12/15/04	P.O. Box, Bldg., Room No., if any SUITE 215	.Xi b. Trust
State   New Jersey   ZIP Code + 4   08054	Street 700 EAST GATE DRIVE	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State:  ZIP Code + 4  11.a. Nature of such dealing.  ULICO PROVIDES INSURANCE SERVICES TO IUOE LOCAL WELFARE FUND  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  BUSINESS LUNCH 12/15/04	City MOUNT LAUREL	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  BUSINESS LUNCH 12/15/04	State New Jersey   ZIP Code + 4 108054	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  BUSTNESS LUNCH 12/15/04	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Street  City  State:  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  BUSINESS LUNCH 12/15/04	Name	
Street  City  State  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  BUSINESS LUNCH 12/15/04	Trade Name, if any:	
State  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  BUSINESS LUNCH 12/15/04	P.O. Box, Bldg., Room No., if any	
State  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  BUSINESS LUNCH 12/15/04	Street	
12.a. Nature of interest held or income received.  BUSINESS LUNCH 12/15/04	City	
BUSINESS LUNCH 12/15/04	State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
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12 h Amount		BUSINESS LUNCH 12/15/04
12 h Amount		
12.5.7 Milouit.		12.b. Amount. \$34